

Anaerobe Cumulative Antibiogram	Ampicillin/sulbactam	Cefoxitin	Clindamycin	Meropenem	Metronidazole	Moxifloxacin	Piperacillin/tazobactam
<i>Bacteriodes fragilis</i>	84	100	26	93	100	61	96
<i>Prevotella species</i>	97	—	69	98	99	66	100
<i>Fusobacterium species</i>	100	—	77	100	95	68	96
Anaerobic gram-positive cocci	—	—	97	100	100	72	99
<i>Propionibacterium acnes</i>	—	—	53	—	0	95	100
<i>Clostridium perfringens</i>	100	—	83	100	100	83	100
<i>Clostridium species (not perfringens)</i>	—	—	67	100	100	62	94

Reference:
CLSI M100 34th edition
Isolates collected from selected US hospitals from Jan. 1, 2013, to Dec. 31, 2016.

Common Indications for Empiric Vancomycin

Febrile Neutropenia

- High risk (refer to NCCN or IDSA guidelines for criteria) with severe cephalosporin allergy
- Suspected serious catheter-related infection, SSTI, pneumonia, hemodynamic instability, blood culture with gram-positive cocci, or previous MRSA infection/colonization

Community-Acquired Pneumonia (CAP)

- Severe CAP (ie: admitted to ICU) PLUS hospitalized with IV antibiotics within prior 90 days
- Prior respiratory isolation of MRSA

Hospital-acquired (HAP)/ventilator-associated (VAP) Pneumonia

- Prior respiratory isolation of MRSA
- Empyema
- Risk factors for resistance or mortality
 - HAP: mechanical ventilation, septic shock, IV antibiotics within 90 days
 - VAP: acute respiratory distress syndrome prior to VAP, septic shock at time of VAP, IV antibiotics within 90 days, acute renal replacement therapy prior to VAP, ≥ 5 days in hospital prior to VAP

Skin and Soft Tissue Infection (SSTI)

- Severe purulent infection or presence of abscess
- Non-purulent infection with one of the following:
 - Severe cephalosporin allergy
 - MRSA risk (penetrating trauma, MRSA infection elsewhere or nasal colonization, injection drug use, severely immunocompromised)
 - Necrotizing fasciitis
 - ICU admission for SSTI

Diabetic Foot Infection (DFI)/Chronic Wound

- Any indications listed within SSTI section
- Severe or chronic-moderate
 - Moderate: deeper than skin & subcutaneous tissues, no signs of systemic inflammatory response syndrome (SIRS)
 - Severe: SIRS OR presence of ischemia
- ICU admission for DFI or chronic wound

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indications



2026

Antimicrobial Agent Susceptibilities

PROVIDED BY

Microbiology **Pharmacy**
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Jan. 1-Dec. 31, 2025

First isolates only

# Isolates	Ampicillin	Ampicillin/ sulbactam	Cefazolin	Cefepime	Cefoxitin	Ceftazidime	Ceftriaxone	Clindamycin	Doxycycline	Gentamicin	Levofloxacin	Linezolid	Meropenem	Nitrofurantoin	Oxacillin	Penicillin-G	Piperacillin-Tazo	Tetracycline	TMP/SMX	Vancomycin	
GRAM NEGATIVE BACILLI																					
Percent Susceptible																					
Acinetobacter baumannii cplx		57	0			43					50		50				47		57		
Escherichia coli	94	50	68	62	96	93	93	93	67	94	82		100	96			98	64	79		
Klebsiella pneumoniae	96	0	85	50	94	99	91	91	14	96	94		99	42			95	14	91		
Klebsiella oxytoca	100	0	79	43	96	94	89	89	80	100	100		100	96			89		89		
Proteus mirabilis	95	76	89	47	92	91	95	89	2	95	76		100	0			96	2	82		
Enterobacter cloacae	95			0	95	0	89			95	93		100	36			91		82		
Serratia marcescens	100			0	100	0	95	81		100	90		95	0					100		
Morganella morganii	86		21	14		63	75			86	64		100	0			100		71		
Pseudomonas aeruginosa	96			0	93		92			96	76		100				87				
GRAM POSITIVE COCCI																					
Percent Susceptible																					
Staphylococcus aureus	174							72	88	96	60	100		99	45			76	90	100	
Staphylococcus epidermidis	70							51	80	90	60	100		100	36			76	54	100	
Enterococcus faecalis	62	96							16		73	97		100			15		97		
Enterococcus faecium	9								25		22	100		44				22		33	
Streptococcus agalactiae	20	100						100	35			100	100					100		100	
Streptococcus Pneumoniae	11							100									45				
* Meningitis interpretations ^ Non-meningitis interpretations								100	91		91	100					100	91	91	100	
COST PER DAY		\$\$\$-IV \$-PO	\$\$	\$\$	\$\$		\$\$	\$	\$\$-IV \$-PO	¢-PO \$\$-IV	\$\$	¢-IV ¢-PO	\$\$-IV \$-PO	\$\$	\$	\$\$	\$\$	\$\$	\$	¢-IV ¢-PO	\$\$

COST PER DAY KEY: ¢= <\$1 \$=\$1-\$10 \$\$=\$10-\$50 \$\$\$=\$50-\$100 \$\$\$=\$100-\$200 \$\$\$=\$=>200

Guidelines for dosing select antibiotics in patients with normal or decreased renal function. The doses listed below are empiric recommendations only. A drug information resource should be consulted for indication and severity specific dosing of any antibiotic.

Estimation of Creatinine Clearance (CrCL) ml/min
 Males: CrCL = (140-age) x IBW (kg) / 72 x Scr
 Females: CrCL = (0.85) x (CrCL Male)
 IBW = Ideal Body Weight
 Male = 50kg + 2.3kg/inch over 5 feet
 Female = 45.5kg + 2.3kg/inch over 5 feet

USUAL RECOMMENDED INITIAL DOSE

Antimicrobial	CrCl>50 ml/min	CrCl 30-50 ml/min	CrCl 10-29 ml/min	CrCl<10 ml/min
Ampicillin	1-2gm IV q6h	q6-12h	q6-12h	q12-24h
Ampicillin/Sulbactam	1.5-3gm IV q6h	no adjustment	q12h	q24h
Cefazolin	1-2 gm IV q6-8h	q8h	50% of dose q12h	50% of dose q24h
Cefepime	1-2 gm IV q8h	500mg-2gm IV q12-24h	500mg-1gm IV q24h	250mg-1gm IV q24h
Cefoxitin	1-2gm IV q6-8h	q8-12h	q12-24h	50% of usual dose q12-24h
Ceftazidime	1-2gm IV q8-12h	1gm IV q12h	1gm IV q24h	500mg IV q24-48h
Ceftriaxone	1-2gm IV q12-24h	no adjustment	no adjustment	no adjustment
Clindamycin	600-900mg IV q8h	no adjustment	no adjustment	no adjustment
Ertapenem	1gm IV q24h	no adjustment	500mg IV q24h	500mg IV q24h
Erythromycin	500mg IV q6h	no adjustment	no adjustment	no adjustment
Gentamicin	Refer to kinetics policy; may use Traditional or Extended Interval Dosing-dosing determined by patient parameters and blood levels			
Levofloxacin	750mg q24h or 500mg q24h	750mg q48h or 250mg q24h	500mg q48h or 250mg q48h	500mg q48h or 250mg q48h
Linezolid	600mg q12h	no adjustment	no adjustment	no adjustment
Nitrofurantoin	50-100mg po q6h	avoid	avoid	avoid
Oxacillin	1-2gm IV q6h	no adjustment	no adjustment	no adjustment
Penicillin G	1-4 million units IV q4-6h	75% of usual dose	75% of usual dose	50% of usual dose (max 3 million units daily)
Piperacillin/Tazobactam	3.375gm-4.5gm IV q6h	2.25gm- 3.375gm IV q6h	2.25gm- 3.375gm IV q6h	2.25gm IV q6-q8h
Trimethoprim / Sulfamethoxazole*	160/800mg q12h*	no adjustment	50% of the dose	avoid
Vancomycin	refer to kinetics policy- dosing determined by patient parameters and blood levels			

* 160/800 mg is equivalent to 1 DS tablet or 10 ml of IV formulation

Source: 1. Up to Date (electronic version) Release 24.5-C25.21 accessed 1/30/2017 2. Micromedex® 2.0, (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/> (cited: 01/30/2017).